

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

ACKNOWLEDGEMENT OF RECEIPT

I, _____, acknowledge that I have:
Print Name

- Received my CAL-Card.
- Reviewed the online CAL-Card Orientation.
- Reviewed the CAL-Card Internal Control Plan.
- Understand and agree to all terms and conditions of the policy set forth.

Employee Signature _____ Date _____

Name of Program _____